Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	Date:	C7-71-2007	Address:	<u>CK 6</u> 403 K 1450	
	Case #:	3384186 i		woolcoHville Ital.	
	County:	1661 ange (44)		w <u>=.</u>	
Type of Laboratory Scizure (check one) Seizure		Seizure Location (e <u>Location</u> (check all that apply)		
		onal Lab al/Glasswarc/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open ~ No Structure ☐ Other:	
	Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Of AC				
	Red Pho	Red Phosphorous/Iodine Reaction(s):			
	A Fiamma	THammable Solvents: ofer ATL			
	Water R	Water Reactive Metal (Lithium): Offer Hill			
	'Anhydro	Anhydrous Ammonia: A261 Av			
	Hydrochloric Acid Gas Generator(s):				
	ССоттовіх	Corrosive Acid: Cab of Truck			
	Corrosiv	Corrosive Base:			
	Other (it	Other (item and location):			
	Yes _	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip	
	This report is to be faxed to the following agencies that serve the location:				
	Fire Departs	ment: Johnson Fasp Fis	Fax: <u>,</u>)46.	1857-3402	
		artment: <u>(A94</u> 449 E Co	Fax: 160	-857-3402 -463-7835	
	Child Protec	ction Service:	Fax:	•	
	For further information regarding this methamphetamine laboratory, contact Investigating Officer: Lange Services Phone Alec V63: 749/				

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.